



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
DAWSON	BEADIE	KANAHELE	(808) 223-9996
MAILING ADDRESS (Street)			FAX
900 FORT STREET MALL, SUITE 1800 PIONEER PLAZA			(808) 537-4667
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
1250 OCEANSIDE PARTNERS dba HOKULI'A			(808) 324-1500
MAILING ADDRESS (Street)			FAX
78-6831 ALI'I DRIVE, SUITE K15			(808) 324-0171
(City)	(State)	(Zip Code)	
KAILUA-KONA	HI	96740	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Beadie Kanahelo Dawson
(Signature of Lobbyist)

7/8/03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME JOHN DEFRIES	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT CHIEF EXECUTIVE OFFICER
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NAME OF ORGANIZATION (if applicable)
1250 OCEANSIDE PARTNERS dba HOKULI'A

TELEPHONE
(808) 324-1500

MAILING ADDRESS (Street)
78-6831 ALI'I DRIVE, SUITE K15

FAX
(808) 324-0171

(City)
KAILUA-KONA

(State)
HI

(Zip Code)
96740

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

John Defries
(Signature of Authorizing Officer or Person Represented)

July 8, 2003
(Date)